

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18023

FILED JUN 20 1955

BIRTH NO. _____		REG. DIST. NO. <u>#67</u>		PRIMARY REG. DIST. NO. <u>6260</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" S. Lynn</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" South Lynn</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Star Route, Chadwick</u>				d. STREET ADDRESS (If rural, give location) <u>Star Route, Chadwick</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>ORVILLE</u>		c. (Last) <u>SPRADLING</u>	
4. DATE OF DEATH		Month <u>June</u> Day <u>8</u> Year <u>1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 23, 1874</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Cyrus T. Spradling</u>		13b. MOTHER'S MAIDEN NAME <u>Sophronie Karington</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jane Hilton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. O. Spradling, Chadwick, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Hypertension + Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1, 1955</u> , to <u>June 8, 1955</u> , that I last saw the deceased alive on <u>June 7, 1955</u> , and that death occurred at <u>10:45 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Warren W. Wilson</u>		23b. ADDRESS <u>Spokane, Mo.</u>		23c. DATE SIGNED <u>June 8-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/12/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spokane Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Spokane, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 16 1955</u>		REGISTRAR'S SIGNATURE <u>Nannie Day</u>		537		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Harris</u> ADDRESS <u>Clever, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4390

P. O. Address \_\_\_\_\_

Cleary Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.